

**NJ Department of Labor
Division of Workers' Compensation**

COURTS_{ONLINE}

**Secure Internet Access to the Division's database
Application Package**

**P.O. Box 381
Trenton, New Jersey 08625-0381**

**For more information about COURTS on-line, please contact:
(609) 984-2555
(609) 292-3758 FAX
courts@dol.state.nj.us**

<http://www.dwc.dol.state.nj.us>



State of New Jersey
Department of Labor
Division of Workers' Compensation

Thank you for your interest in the Division of Workers' Compensation's Internet database, *COURTS on-line*. Access to *COURTS on-line* is available to registered WC law firms, insurance carriers and Self Insurers via the issuance of VeriSign™ digital certificates. The main purpose of digital certificates is to authenticate the identity of the user. This is critical to maintaining the security of the Division's network and the confidentiality of its database. Enclosed is some information on digital certificates which you may find useful.

Please keep in mind that the minimum requirements for participation in this program are the following: each individual applicant must have his or her own personal computer with a unique e-mail address belonging solely to that applicant; the Internet browser on the participant's computer must be either Microsoft Internet Explorer (version 5.5) or Netscape Navigator (version 4.7); the applicant must be designated as an authorized participant by their employer.

Before we can process the individual applications, we will need for your firm to designate a **contact person**. This can be done by completing **application #1**. It will be the contact person's responsibility to approve the list of users for your firm, notify us whenever there is a change to this list and receive notices from the Division regarding COURTS related issues. The digital certificate application (**application #2**) needs to be completed and signed by **each applicant** as well as the **contact person**. Within 4-8 weeks after we receive this information, each applicant will be mailed a pin number and instructions on how to obtain their digital certificate. The certificate can be automatically downloaded onto the subscriber's computer hard drive after they provide the necessary information and password. Once the subscriber has the certificate, they will be able to log on to *COURTS on-line*.

I would appreciate your mailing or faxing the completed applications to the Division of Workers' Compensation at the address noted above, attn: Donna Conway, tel. (609) 984-2555, fax (609) 292-3758. If you have any questions, you can e-mail us at courts@dol.state.nj.us.

We look forward to hearing from you and thank you for your continued support of the COURTS project.

Sincerely,

Shravani Kosnik
COURTS Project Team

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Division Of Workers' Compensation
(609) 292-2414 • FAX (609) 984-2515



COURTS on-line: Designation of a Contact Person

contact-app1 (2/04/02)

Access to *COURTS on-line*, the Division of Workers' Compensation's secure Internet site is only available to authorized employees of law firms/insurance carriers/self insurers registered with the Division. Please keep in mind that the minimum requirements for participation in this program are the following: each individual applicant must have his or her own personal computer with a unique e-mail address belonging solely to that applicant; the Internet browser on the participant's computer must be either Microsoft Internet Explorer 5.5 or Netscape Navigator 4.7; the applicant must be designated as an authorized participant by their employer.

In order for us to process the Internet Access Request applications filed by employees of your company/firm, we will need to know the identity of a key contact person in your company.

- **The individual designated should have a managerial title.**
- **If your firm has multiple locations, the designated contact person should be located at the address that is registered with the Division of Worker's Compensation.**

It will be the contact person's responsibility to approve the list of users for your firm, notify us whenever there is a change to this list and receive notices from the Division regarding *COURTS* related issues.

I. Contact Person – Information *(Please print or type clearly)*

Your Name _____

Title _____

Firm Name _____

Street Address _____

City, State, ZIP _____

Telephone # _____ Fax #: _____

E-Mail Address: _____

II. Contact Person Signature

I understand that it will be my responsibility to approve the list of users for the above referenced firm/company and to notify the Division in writing whenever an individual, participating in the *COURTS* Internet access program is no longer employed with us or if his/her authorization to inspect records on behalf of this firm has been withdrawn.

Date _____ Signature X _____



COURTS on-line: Subscriber Application

user-app2 (2/04/02)

The Division of Workers' Compensation, hereinafter referred to as the "Division", plans to provide access to the COURTS Internet website, *COURTS on-line*, to authorized subscribers. The minimum requirements for participation in this program are the following: each individual applicant must have his or her own personal computer with a unique e-mail address belonging solely to that applicant; the Internet browser on the participant's computer must be either Microsoft Internet Explorer 5.5 or Netscape Navigator 4.7; the applicant must be designated as an authorized participant by their employer.

Please complete sections I, II and III of this application, provide your signature in the requested areas and forward it to your employer for approval and their signature in section IV. **(Please print or type clearly)** The Division, upon 4-8 weeks after receipt of this application, will provide you with instructions on how to obtain your digital certificate which will validate your identity.

I. Subscriber Information *(Print or Type clearly and complete all fields)*

Your Name _____

Firm Name _____

Street Address _____

City, State, ZIP _____

Telephone # _____ Fax #: _____ E-Mail Address: _____

II. Certification of Confidentiality *(signature of participant required)*

NJSA 34:15-128: "Notwithstanding any provision of the chapter to which this act is a supplement or of any other law, no records maintained by the Division of Workers' Compensation shall be open to inspection or copying by or on behalf of any person who seeks such inspection or copying for the purposes of selling or furnishing for consideration to others reports or abstracts of Workers' Compensation records or work injury records pertaining to any individual, except in the case of an investigation by or on behalf of an employer in connection with any pending Workers' Compensation case".

I, the undersigned, do hereby state under penalty of law, that I do not seek inspection of the records available on the Division of Workers' Compensation's *COURTS on-line* website for the purpose of selling or furnishing for a consideration to others and will not do so.

Date _____ Signature X _____

III. Subscriber Responsibilities *(signature of participant required)*

I, the undersigned, am aware that I am responsible for preserving the security of my password and the digital certificate issued to me in relation to this program. I understand that I am responsible for the actions of any unauthorized user gaining access into the database using my password and digital certificate, without the express permission of the Division.

Date _____ Signature X _____

IV. Employer / Firm Approval *(signature of the COURTS on-line contact person required)*

The above individual has been approved to access workers' compensation cases on behalf of _____
Company/Firm Name

I understand that it will be my responsibility to notify the Division, in a manner prescribed by the Division, immediately upon learning that this individual is no longer employed with us or that his/her authorization to inspect records on the *COURTS on-line* database website on behalf of the firm has been withdrawn.

Date _____ Signature X _____

Print Name and Title